

**August 27, 2001**

Mr. Rodney Schoon  
Ashley Industrial Molding, Inc.  
320 South Wabash Avenue  
Ashley, Indiana 46705

Re: 033-14753-00017  
First Administrative Amendment to  
Part 70 T 033-5941-00017

Dear Mr. Schoon:

Meridian Automotive Systems, was issued a permit on July 31, 2001 for a stationary high-pressure fiberglass-reinforced plastics manufacturing and painting source. A letter requesting a transfer of ownership and name change was received August 9, 2001 from Ashley Industrial Molding, Inc. Pursuant to the provisions of 326 IAC 2-7-11 the permit is hereby administratively amended as follows:

Meridian Automotive Systems was acquired by Ashley Industrial Molding, Inc., at 320 South Wabash Avenue, Ashley, Indiana 46705, effective on July 31, 2001. They will operate under the name Ashley Industrial Molding, Inc. The new company name is reflected in the reporting forms of the permit.

Mr. Rodney Schoon was the Responsible Official for Meridian Automotive Systems and will remain as the Responsible Official for Ashley Industrial Molding, Inc. Mr Schoon holds the position of General Manager and meets the requirements of 326 IAC 2-7-1(34)(A)(vi).

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, of my staff, at 317-233-5334 or 1-800-451-6027, press 0 and ask for extension 3-5334.

Sincerely,

Original signed by

Paul Dubenetzky, Chief  
Permits Branch  
Office of Air Quality

Attachments: Updated Reporting Forms

PD/gkf

cc: File - DeKalb County  
DeKalb County Health Department  
Air Compliance Section - Doyle Houser  
Compliance Data Section - Karen Nowak  
IDEM Northern Regional Office  
Permit Review Section 1 - Gary Freeman

## **PART 70 OPERATING PERMIT OFFICE OF AIR QUALITY**

**Ashley Industrial Molding, Inc.  
320 South Wabash Avenue  
Ashley, Indiana 46705**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: T 033-5941-00017	
Issued by: Janet G. McCabe, Assistant Commissioner Office of Air Quality	Issuance Date: July 31, 2001  Expiration Date: July 31, 2006

First Administrative Amendment: 033-14753-00017	Pages Affected: 33, 34, 35, 36, 37, 38 and 39
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: August 27, 2001

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT  
CERTIFICATION**

Source Name: Ashley Industrial Molding, Inc.  
Source Address: 320 South Wabash Avenue, Ashley, Indiana 46705  
Mailing Address: 320 South Wabash Avenue, Ashley, Indiana 46705  
Part 70 Permit No.: T 033-5941-00017

**This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.**

Please check what document is being certified:

- 9 Annual Compliance Certification Letter
- 9 Test Result (specify) \_\_\_\_\_
- 9 Report (specify) \_\_\_\_\_
- 9 Notification (specify) \_\_\_\_\_
- 9 Affidavit (specify) \_\_\_\_\_
- 9 Other (specify) \_\_\_\_\_

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY**

**COMPLIANCE BRANCH**  
100 North Senate Avenue  
P.O. Box 6015  
Indianapolis, Indiana 46206-6015  
Phone: 317-233-5674  
Fax: 317-233-5967

**PART 70 OPERATING PERMIT  
EMERGENCY OCCURRENCE REPORT**

Source Name: Ashley Industrial Molding, Inc.  
Source Address: 320 South Wabash Avenue, Ashley, Indiana 46705  
Mailing Address: 320 South Wabash Avenue, Ashley, Indiana 46705  
Part 70 Permit No.: T 033-5941-00017

**This form consists of 2 pages**

**Page 1 of 2**

- 9** This is an emergency as defined in 326 IAC 2-7-1(12)
- ☐ The Permittee must notify the Office of Air Quality (OAQ), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and
  - ☐ The Permittee must submit notice in writing or by facsimile within two (2) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16.

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency:

Describe the cause of the Emergency:

If any of the following are not applicable, mark N/A

**Page 2 of 2**

Date/Time Emergency started:
Date/Time Emergency was corrected:
Was the facility being properly operated at the time of the emergency?    Y    N Describe:
Type of Pollutants Emitted: TSP, PM-10, SO <sub>2</sub> , VOC, NO <sub>x</sub> , CO, Pb, other:
Estimated amount of pollutant(s) emitted during emergency:
Describe the steps taken to mitigate the problem:
Describe the corrective actions/response steps taken:
Describe the measures taken to minimize emissions:
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

A certification is not required for this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**Part 70 Quarterly Report**

Source Name: Ashley Industrial Molding, Inc.  
Source Address: 320 South Wabash Avenue, Ashley, Indiana 46705  
Mailing Address: 320 South Wabash Avenue, Ashley, Indiana 46705  
Part 70 Permit No.: T 033-5941-00017  
Facility: Three (3) Paint Booths (SB-1 through SB-3)  
Parameter: VOC Usage  
Limit: Total of 99.9 tons per twelve (12) consecutive month period

YEAR: \_\_\_\_\_

Month	VOC (tons)	VOC (tons)	VOC (tons)
	This Month	Previous 11 Months	12 Month Total

9 No deviation occurred in this month.

9 Deviation/s occurred in this month.

Deviation has been reported on: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach a signed certification to complete this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**Part 70 Quarterly Report**

Source Name: Ashley Industrial Molding, Inc.  
Source Address: 320 South Wabash Avenue, Ashley, Indiana 46705  
Mailing Address: 320 South Wabash Avenue, Ashley, Indiana 46705  
Part 70 Permit No.: T 033-5941-00017  
Facility: Fifteen (15) Injection Molding Machines  
Parameter: VOC emissions calculated with a three (3%) percent flashoff factor  
Limit: Total of 139 tons per twelve (12) consecutive month period

YEAR: \_\_\_\_\_

Month	VOC (tons)	VOC (tons)	VOC (tons)
	This Month	Previous 11 Months	12 Month Total

9 No deviation occurred in this month.

9 Deviation/s occurred in this month.

Deviation has been reported on: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach a signed certification to complete this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT  
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: Ashley Industrial Molding, Inc.  
Source Address: 320 South Wabash Avenue, Ashley, Indiana 46705  
Mailing Address: 320 South Wabash Avenue, Ashley, Indiana 46705  
Part 70 Permit No.: T 033-5941-00017

Months: \_\_\_\_\_ to \_\_\_\_\_ Year: \_\_\_\_\_

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This report is an affirmation that the source has met all the requirements stated in this permit. This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD

**Permit Requirement** (specify permit condition #)

**Date of Deviation:**

**Duration of Deviation:**

**Number of Deviations:**

**Probable Cause of Deviation:**

**Response Steps Taken:**

**Permit Requirement** (specify permit condition #)

**Date of Deviation:**

**Duration of Deviation:**

**Number of Deviations:**

**Probable Cause of Deviation:**

**Response Steps Taken:**



<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	

<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	

<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	

9 No deviation occurred in this month.

9 Deviation/s occurred in this month.

Deviation has been reported on: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach a signed certification to complete this report.